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Urban District of Rothwell



(YORKSHIRE)

ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.)

1957

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.

ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL HEALTH REPORT.

STATISTICAL MEMORANDA FOR 1957

Area in Acres	...	...	...	10,695
Registrar General's Estimate of Population for 1957				24,850
Number of Inhabited Houses, 1957, according to Rate Book	...	...	...	7,998
Rateable Value, Year commencing 1.4.57			...	£184,319
Net Product of Penny Rate, Year commencing 1.4.57				£735

VITAL STATISTICS IN 1957

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	169	194	363
Illegitimate	...	...	...	2	8	10
		Total	...	171	202	373
Still Births.						
Legitimate	...	...	...	4	2	6
Illegitimate	...	...	...	—	—	—
		Total	...	4	2	6

Birth Rate.

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected)	...	15·86
--	-----	-------

Deaths.

			M.	F.	Total
All Ages	...	...	193	213	406
Death Rate per 1,000 of the estimated resident population (corrected)	...				11·6

	M.	F.	Total
Deaths of Infants under 1 year ...	4	2	6
Death Rate of Infants under 1 year :—			
All Infants per 1,000 live births ...			16·09
Legitimate Infants per 1,000 legitimate live births ...			16·36
Illegitimate Infants per 1,000 illegitimate live births ...			—
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...	...	—
Rate per 1,000 live births ...	...	...	—
Deaths from Measles (all ages) ...	...	...	0
Deaths from Whooping Cough (all ages) ...	...	...	0
Deaths from Cancer (all ages) ...	...	...	39

Maternal Mortality.

Deaths ...	...	Nil.
Rate per 1,000 (live and still) births	...	0·0

District Death Rate :—

The Death Rate of 11·6 is based on the total number of deaths occurring in the District, including 162 at St. George's Hospital, and is arrived at after correction according to the Comparability Factor supplied by the Registrar General.

RECORD OF DEATHS IN AGE GROUPS, 1957

Age				District		St. George's Hospital		Total	
				M.	F.	M.	F.	M.	F.
Under 1 year	...			4	2	—	—	4	2
1—5 years	...	...		—	1	—	—	—	1
5—10	„	...	...	1	1	—	—	1	1
10—15	„	...	...	1	—	—	—	1	—
15—20	„	...	...	—	—	—	—	—	—
20—25	„	...	...	1	—	—	—	1	—
25—35	„	...	...	1	1	—	—	1	1
35—45	„	...	...	3	4	—	1	3	5
45—55	„	...	...	9	2	3	3	12	5
55—65	„	...	...	25	22	5	9	30	31
65—70	„	...	...	19	14	8	5	27	19
70—75	„	...	...	20	29	12	16	32	45
75—80	„	...	...	27	10	12	17	39	27
80—85	„	...	...	18	13	12	31	30	44
85—90	„	...	...	3	11	6	13	9	24
Over 90 years...	...			1	1	2	7	3	8
Totals				133	111	60	102	193	213

Principal Vital Statistics for the Year 1957

				Urban District of Rothwell	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population				24,850	1,172,300	451,700	1,624,000	*
Births	{	Legitimate ..	363	18,149	7,804	25,953	*	
		Illegitimate ..	10	694	273	967	*	
		Total ..	373	18,843	8,077	26,920	*	
Still Births	{	Legitimate ..	6	429	197	626	*	
		Illegitimate ..	—	24	8	32	*	
		Total ..	6	453	205	658	*	
Total Live and Still Births ..				379	19,296	8,282	27,578	*
Deaths under one year	{	Legitimate ..	6	455	223	678	*	
		Illegitimate ..	—	23	10	33	*	
		Total ..	6	478	233	711	*	
Deaths under 4 weeks	{	Legitimate ..	3	326	157	483	*	
		Illegitimate ..	—	18	8	26	*	
		Total ..	3	344	165	509	*	
Deaths (all causes)				406	14,538	4,398	18,936	*
					CRUDE	RATES.		
Live Birth				15·0	16·1	17·9	16·6	16·1
Death (All causes)				16·3	12·4	9·7	11·7	11·5
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D. ..				0·04	0·07	0·06	0·07	*
Tuberculosis—Respiratory ..				0·08	0·08	0·07	0·08	0·09
Tuberculosis—Other				0·00	0·01	0·01	0·01	0·01
Tuberculosis—All Forms ..				0·08	0·09	0·08	0·09	0·11
Cancer				1·61	1·99	1·58	1·87	2·09
Vascular lesions of Nervous system ..				6·24	2·15	1·45	1·95	*
Heart and Circulatory Disease ..				4·31	4·61	3·49	4·30	*
Respiratory Diseases				2·17	1·46	1·12	1·37	*
Maternal Mortality				—	0·41	0·72	0·51	0·47
Infant Mortality				16·1	25·4	28·8	26·4	23·0
Stillbirth				15·8	23·5	24·8	23·9	22·4

* Figures not available.

ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health,

1957.

*To the Chairman and Members of the
Rothwell Urban District Council.*

Mr. Chairman, Ladies and Gentlemen,

The figures and facts which are placed before you in this, my 1957 Annual Report, should, I think, give you considerable cause for satisfaction. In almost every respect they show a state of public health which is an advance on anything previously experienced. Social conditions continue good, the housing situation is improving; the Infectious Disease incidence is negligible, and the whole standard of wellbeing of the community has been maintained and improved.

The Infantile Mortality Rate is the lowest ever recorded in this area and the Birth Rate shows a slight improvement over recent years.

So far as the working of the Health Department is concerned, I can claim, with some justification, that no Authority is likely to be served by a Department in which happier relationships prevail. The members of my staff, together with their colleagues in neighbouring Authorities, enjoy a most happy comradeship and, in turn, our relationships with colleagues in other branches of Local Government Service, in Education, in general medical practice, and in Hospital administration, have remained extremely cordial.

The usual account of the Divisional preventive medical services is included in this Report.

May I take this opportunity of thanking you and, in particular, the members of the Health Committee, for your constant support and many courtesies to me during the current year.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

PUBLIC HEALTH OFFICERS :

Medical Officer of Health (part-time) :—

Dr. A. L. TAYLOR, M.D., D.P.H.

Senior Public Health Inspector :—

T. Wilson, Cert.S.I.B., M.P.H.I.A., A.M.I.P.C., Certified Smoke Inspector, Certified Meat Inspector.

Additional Public Health Inspector :—

G. F. Idle, Cert.S.I.B., A.R.San.I., M.P.H.I.A., Certified Meat Inspector.

Technical Assistant :—

N. Kilburn, A.I.Hsg.

Trainee Inspector :—

M. Hall (From 1.9.57).

Clerk :—

Miss J. Marshall.

COMMENTS ON STATISTICAL DATA.

The outstanding feature of this year's statistical record is the very low Infantile Mortality Rate. At 16.09 per 1,000 live births, this is far and away the best ever experienced. It is a commonplace that the Infantile Mortality Rate is the most sensitive index of social prosperity in any community. Every effort will be made to ensure that this satisfactory state of affairs is maintained, although it is necessary, once again, to point out that when dealing with relatively small numbers, one or two infant deaths can cause a swing in the death rate recorded. At the same time, a glance at the table showing the Infant Death Rates over the last fifty years will show the enormous and continuing improvement which has been experienced. It is undeniable that the standard of maternal care and efficiency is higher than ever before and that the proportion of inefficient or indifferent mothers is constantly diminishing. Thus we have now reached a stage when progress will necessarily be slower and when our chief preoccupation must be the need to eradicate, as far as lies in our power, premature births and accidents associated with the delivery of the child and the first week or so of its life.

The district Death Rate is average for the country and can be regarded as satisfactory.

No maternal death occurred during 1957.

Tuberculosis is exhibiting a changing pattern. Although the incidence is maintained at approximately its previous level, far more cases are recovering and resuming normal life in the community. Furthermore, it is hoped that the many new agencies now being brought into action against tuberculosis will produce a steady and continued diminution of incidence.

Last year I commented on the number of deaths from cancer of the lung which have been recorded in the district since the figures first became available in 1950. There is no doubt that an association does exist between excessive cigarette smoking and cancer of the lung. Whether a knowledge of the risks to be expected will be a sufficient deterrent to excessive smoking, I do not know. It is, however, the duty of all those engaged in preventive medicine to point out the hazards involved in heavy smoking. Having done this, one must leave to the common sense of the individual any modification of his habits.

By and large, it can be stated without qualification that the figures for 1957 show an extremely satisfactory state of public health in the Rothwell Urban District.

Causes of Death in the Rothwell Urban District, 1957

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				193	213
1.	Tuberculosis, respiratory	..	..	2	..
2.	Tuberculosis, other	..	..	..	..
3.	Syphilitic disease ..	..	..	1	..
4.	Diphtheria ..	..	..	..	..
5.	Whooping Cough ..	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles ..	..	..	..	..
9.	Other infective and parasitic diseases	..	..	..	..
10.	Malignant neoplasm, stomach	..	..	4	2
11.	Malignant neoplasm, lung, bronchus	..	..	2	2
12.	Malignant neoplasm, breast ..	..	..	.	7
13.	Malignant neoplasm, uterus ..	..	..	..	2
14.	Other malignant and lymphatic neoplasms	..	..	10	10
15.	Leukaemia, aleukaemia ..	..	..	..	1
16.	Diabetes ..	..	..	3	2
17.	Vascular lesions of nervous system	..	..	58	97
18.	Coronary disease, angina ..	..	..	33	20
19.	Hypertension with heart disease	..	..	3	5
20.	Other heart disease ..	..	..	25	17
21.	Other circulatory disease ..	..	..	2	2
22.	Influenza ..	..	..	2	..
23.	Pneumonia ..	..	..	11	13
24.	Bronchitis ..	..	..	15	11
25.	Other diseases of the respiratory system	..	..	1	1
26.	Ulcer of stomach and duodenum	..	..	2	..
27.	Gastritis, enteritis and diarrhoea	..	..	..	..
28.	Nephritis and nephrosis ..	..	..	1	3
29.	Hyperplasia of prostate ..	..	..	..	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations ..	..	..	1	4
32.	Other defined and ill-defined diseases	..	..	9	8
33.	Motor vehicle accidents ..	..	..	3	2
34.	All other accidents ..	..	..	3	3
35.	Suicide ..	..	..	2	1
36.	Homicide and operations of war	..	..	..	..
Live Births.	Total	..	..	171	202
	Legitimate	..	..	169	194
	Illegitimate	..	..	2	8
Still-Births.	Total	..	..	3	3
	Legitimate	..	..	3	3
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	4	2
	Legitimate	..	..	4	2
	Illegitimate	..	..	..	..
Population				24,850	
Comparability Factors :—					
Births				1.04	
Deaths				0.71	

INFANTILE MORTALITY IN 1957

Deaths from Stated Causes under One Year of Age

CAUSES OF DEATH.		Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Foetal Abnormality (Hydrocephalus)	..	I	-	-	-	I	-	-	-	-	I
Cerebral haemorrhage	..	-	I	-	-	I	-	-	-	-	I
Broncho-pneumonia Congenital heart disease	..	-	-	-	-	-	-	I	-	I	2
Atelectasis Prematurity	..	I	-	-	-	I	-	-	-	-	I
Inhalation Hydrocephalus Meningocele	..	-	-	-	-	-	-	I	-	-	I
Total	..	2	I	-	-	3	-	2	-	I	6

Of the 6 infant deaths during the year, 2 were premature babies.

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1908—1917		1918—1927		1928—1937		1938—1947		1948—1957	
1908	148	1918	84	1928	71·7	1938	65	1948	38·8
1909	112	1919	61	1929	89·3	1939	42·4	1949	52·7
1910	133	1920	83	1930	31	1940	43	1950	35
1911	116	1921	86	1931	72·2	1941	50·8	1951	21·3
1912	58	1922	90	1932	40·9	1942	37·2	1952	31·7
1913	139	1923	82	1933	77·8	1943	42·2	1953	28·3
1914	120	1924	112	1934	50	1944	40	1954	44·4
1915	125	1925	72	1935	38	1945	51·7	1955	35·6
1916	85	1926	74·2	1936	57	1946	46	1956	32·0
1917	142	1927	65	1937	68	1947	49·6	1957	16·1
Average— 117·8		Average— 80·9		Average— 59·6		Average— 46·8		Average— 33·6	

Details of STILLBIRTHS for the past five years

Year	No. of Live Births	No. of Still-Births	Proportion of Stillbirths per 100 Live Births
1953	318	10	3·1
1954	361	7	1·9
1955	309	8	2·6
1956	344	5	1·5
1957	373	6	1·6

Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Neo-Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1953	318	7	2·2
1954	361	8	2·2
1955	309	6	1·9
1956	344	8	2·3
1957	373	3	0·8

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

No major change has occurred during 1957. The Medical Officer of Health for your district acts in a similar capacity for two adjoining Urban Districts. Additionally he is Divisional Medical Officer for those services administered by the Local Health Authority. The total population is computed at 54,990 although, in my opinion, this may well be a low figure owing to rapidly increasing private building in some parts of the Division.

The Divisional Medical Officer is responsible for the routine administration of all the Health Services within the Division. The Ambulance Service and School Dental Service are the only exceptions to this generalisation. The Divisional Health Office is still sited in Rothwell, and though far from ideal in construction, is functionally reasonably adequate and serves its purpose fairly well. The clerical staff is still 9, and the volume of work which they undertake has increased during the period under review, largely as a result of the enormous volume of work incidental to poliomyelitis vaccination.

I should like to take this opportunity of paying tribute to the efficient work carried out by the clerical staff. There is an extremely happy atmosphere in the office, and any necessary work is cheerfully and well carried out.

Co-operation between the Local Health Service and the other two branches of Medicine has continued at the happiest level. No difficulties have been experienced and there has been a free interchange of information in every direction. This is a most satisfactory state of affairs and has an undoubtedly beneficial effect on the health and well-being of the community which all three branches of medicine strive to serve.

REPORT ON THE DIVISIONAL MEDICAL SERVICES ADMINISTERED IN THE URBAN DISTRICT BY THE LOCAL HEALTH AUTHORITY

In the pages immediately following will be found the statistical returns relating to duties carried out in the whole Health Division on behalf of the West Riding County Council which, of course, is the Local Health Authority for the area.

In its general provisions, the Service has carried on virtually unchanged from last year. The Divisional professional staff consists, in addition to the Divisional Medical Officer, of two Assistant County Medical Officers, each of whom is responsible for half of the Divisional area in so far as Clinic duties and school medical work are concerned. These Doctors are those who have been with us for a considerable number of years and their work has been ably and conscientiously carried out. It is of great advantage to have a continuity of service in this field. The value to the community of a doctor who has worked in an area for a good length of time cannot be over-estimated. She becomes the friend and confidante of parents and of school staffs, and is able, by her accumulated special knowledge, to do far more than would be the case were her services to have been of short duration.

The Home Nursing and Health Visiting staffs have been fully maintained and only the Midwifery Service gives rise to anxiety. Of this, more anon.

The Dental Clinic in Rothwell is of great value and here again we are fortunate in retaining the services of a Dental Officer who has been here for some years.

School Medical Service. The estimated number of school children in the Division is 8,127. It has been found possible, during 1957, to carry out routine school medical inspections on four age groups. In addition, special examinations have been made of all children suffering from physical handicap, maladjustment or mental subnormality. This has entailed a very considerable volume of work.

Virtually no case of serious infestation by vermin came to light, and there is an evident and increasingly satisfactory standard of hygiene throughout all schools.

In the field of nutrition, I am glad to report that the high standards noted last year have been maintained.

The services of an Ophthalmic Medical Officer are still available, and work in the Eye Clinic is absolutely up to date.

There is no waiting list for Ear, Nose and Throat operations and, by arrangement, any child in urgent need is seen immediately by an Aural Surgeon either at Leeds or Wakefield.

The Divisional Education Officers and their Staffs have been courteous and co-operative. Frequent personal contact has been made and a ready and helpful response has always been forthcoming to any request for help or information. On our part we do our utmost to fit in with the education programme and to avoid needless interruption of scholastic time.

Once again I would point out that the figures quoted in the pages immediately following are for the whole Health Division. As, however, the population of Rothwell is only slightly less than half of the total, a simple division by 2 will give you an approximate idea of the amount of work carried out on behalf of the Health Authority in your own Urban District.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1957

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING SPECIAL SCHOOLS)****A. Periodic Medical Inspections.**Age groups inspected and Number of Pupils examined
in each.

Entrants	...	...	734
7 to 8 year group	...	...	870
Last year primary	...	...	979
First year secondary	...	...	—
Last year secondary	...	...	543

Total 3,126

*Additional Periodic Inspections... —

Grand Total 3,126

B. Other Inspections.

Number of Special Inspections ... 99

Number of re-inspections ... 189

Total 288

C. Pupils found to require Treatment.Number of Individual Pupils found at Periodic Medical
Inspection to require treatment (excluding Dental Diseases
and Infestation with Vermin).

Age Groups Inspected.	For Defective Vision (exclu- ding squint).	For any of the other conditions recorded in the following Table	Total individual pupils
(1)	(2)	(3)	(4)
Entrants ...	11	127	134
7 to 8 year group ...	34	123	149
Last year primary ...	53	133	178
First year secondary	—	—	—
Last year secondary	34	95	127
Total ...	132	478	588
*Additional Periodic Inspections ...	—	—	—
Grand Total ...	132	478	588

*E.G. Pupils at special schools or who missed the
usual periodic examination.

RETURN OF DEFECTS

FOUND BY MEDICAL INSPECTION IN THE YEAR

ENDED 31st DECEMBER, 1957

Defect or Disease.	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
	Entrants		Leavers		Requir- ing treat- ment	Requir- ing observa- tion
	Requir- ing treat- ment.	Requir- ing observa- tion	Requir- ing treat- ment.	Requir- ing observa- tion		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Skin	19	25	35	24	108	104
Eyes—a. Vision ...	11	7	34	34	132	123
b. Squint ...	10	16	5	2	23	40
c. Other ...	4	4	2	—	13	13
Ears—a. Hearing ...	5	3	1	3	13	11
b. Otitis Media ...	24	1	5	—	46	3
c. Other ...	4	4	3	—	16	11
Nose and Throat ...	14	40	12	10	67	121
Speech	2	18	1	1	12	29
Lymphatic	—	32	—	2	1	72
Heart	5	18	1	15	13	86
Lungs	11	14	9	1	40	25
Developmental—						
a. Hernia ...	2	—	2	—	6	2
b. Other ...	1	3	1	—	2	3
Orthopaedic—						
a. Posture ...	2	7	8	4	40	40
b. Feet ...	3	19	—	1	12	36
c. Other ...	16	57	5	7	33	124
Nervous System—						
a. Epilepsy ...	—	2	1	1	1	5
b. Other ...	2	8	—	5	3	31
Psychological—						
a. Development ...	1	1	—	—	7	12
b. Stability ...	10	12	6	—	36	22
Abdomen	—	—	—	—	1	1
Other	6	5	9	1	31	18

SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Requiring Treatment	Requiring Observation
Skin	—	—
Eyes—		
a. Vision	9	4
b. Squint	—	1
c. Other	—	1
Ears—		
a. Hearing	—	3
b. Otitis Media... ..	1	—
c. Other	—	1
Nose and Throat	2	1
Speech	1	—
Lymphatic Glands	—	—
Heart	—	1
Lungs	1	1
Developmental—		
a. Hernia	—	—
b. Other	—	1
Orthopaedic—		
a. Posture	1	1
b. Feet	1	3
c. Other	1	2
Nervous System—		
a. Epilepsy	—	—
b. Other	—	1
Psychological—		
a. Development	2	2
b. Stability	3	—
Abdomen	—	—
Other	5	—

CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN AGE GROUPS

Age Groups Inspected (1)	Number of pupils inspected (2)	Satisfactory		Un- satisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
Entrants	734	708	96·5	26	3·5
7 to 8 year group	870	848	97·5	22	2·5
Last year primary	979	962	98·3	17	1·7
First year secondary	—	—	—	—	—
Last year secondary	543	535	98·5	8	1·5
Additional periodic inspections	—	—	—	—	—
Total	3126	3053	97·7	73	2·3

INFESTATION WITH VERMIN

- (i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons 21,522
- (ii) Total number of *individual* pupils found to be infested 303
- (iii) Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944) —
- (iv) Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944) —

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of Refraction (including squint) ...	—	465
Total ...	—	465
Number of pupils for whom spectacles were prescribed ...	—	316

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for adenoids and chronic tonsillitis ...	—	3
(b) for diseases of the ear ...	—	26
(c) for other nose and throat conditions ...	—	2
Received other forms of treat- ment ...	—	2
Total ...	—	33
	by the Authority	Otherwise
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957 ...	—	2
(b) in previous years ...	1	1

ORTHOPAEDIC AND POSTURAL DEFECTS

	by the Authority	Otherwise
(a) Number of pupils known to have been treated at clinics or out-patient departments	—	6

DISEASES OF THE SKIN (Excluding uncleanliness)

	Number of cases treated or under treatment during the year, by the Authority.
Ringworm— (i) Scalp	—
(ii) Body	—
Scabies	11
Impetigo	—
Other skin diseases	—
Total ...	11

CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ...	9
---	---

SPEECH THERAPY

Number of Pupils treated by Speech Therapists under arrangements made by the Authority	42
---	----

OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority ...	37
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	1
(c) Pupils who received B.C.G. vaccination ...	273
(d) Other than (a), (b) and (c)	
1. Ultra Violet Light ...	34

TONSILLECTOMY

Age groups inspected	Number inspected	Number found to have undergone tonsillectomy during 1957 or previously
Entrants ...	734	82
7 to 8 year group ...	870	154
Last year primary ...	979	210
First year secondary ...	—	—
Last year secondary ...	543	134
Total ...	3126	580

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held in this Division during the year.

CONSULTANT ORTHOPAEDIC SERVICE**A. Consultant Clinic.**

1. Number of sessions held during the year ... 11
(at Pinderfields shared with Division 13)

	Pre-school children	School children
2. No. of individual patients seen by Consultant, including those continuing attendance from previous year ...	1	6
3. No. of (2) above:—		
(a) referred for operative treatment as short-stay cases only ...	—	—
(b) recommended long-stay hospital school ...	—	—
(c) recommended treatment by orthopaedic nurse or physiotherapist:—		
(i) at treatment centres ...	—	—
(ii) domiciliary ...	—	—
4. No. of children who obtained operative treatment during the year ...	—	—
5. Total number of attendances at Consultant clinic ...	2	9

B. Treatment Centres.

1. No. of Sessions held during the year ... Nil.

PAEDIATRIC SERVICE**Consultant Clinics.**

1. Number of sessions held during the year ... 11

	Pre-school children	School children
2. Number of individual patients seen:—		
(a) new cases ...	12	14
(b) cases attending from previous year(s) ...	4	12
3. Total number of attendances at clinics	38	45

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year	...	21
---	-----	----

SPEECH THERAPY

1.	Total number of sessions held during year	...	...	75
2.	(a) No. of new cases treated during year...	...		20
	(b) No. of cases already attending for treatment from previous year	...	...	22
	(c) Total number of cases treated (a plus b)	...		42
3.	No. of cases awaiting treatment at end of year	...		11
4.	No. of visits made to schools	...	...	10
5.	No. of home visits	...	...	1

Analysis of Cases treated during the year :—

					Boys	Girls
1.	Stammering	...	...	...	7	2
2.	Defects of articulation—					
	(a) Dyslalia	...	...	...	10	8
	(b) Sigmatism	...	...	...	4	3
	(c) Rhinolalia, due to—					
	(i) Cleft Palate	...	...	...	—	2
	(ii) Nasal obstruction	...	...	...	—	—
	(d) Dysarthria	...	...	...	—	1
3.	Asphasia	...	...	...	1	1
4.	Defective speech due to—					
	(i) Educational sub-normality	...	...	...	—	1
	(ii) Deafness	...	...	...	1	1
5.	Retarded speech development	...	...	...	—	—
6.	Dysphonia	...	...	...	—	—
7.	Other defects	...	...	...	—	—
Analysis of Cases discharged :—						
No. of children discharged during year—						
1.	Speech normal	...	...	...	6	4
2.	Speech improved	...	...	...	1	1
3.	Unsuitable for treatment	...	...	...	—	—
4.	Non-co-operation	...	...	...	3	—
5.	Left school	...	...	...	1	—
6.	Left district	...	...	...	—	—
7.	Other reasons	...	...	...	—	—

EMPLOYMENT OF CHILDREN

Number of children examined during the year in
connection with applications:—

(a) for employment (including entertainments)	95
(b) No. of (a) found unfit	2

ULTRA VIOLET LIGHT TREATMENT

	Pre-School children	School children
No. of sessions held during year	179	
No. of children treated during year	34	34
Total No. of attendances ...	350	612

VACCINATION AND IMMUNISATION

Vaccination and immunisation have become accepted universally as being normal and desirable procedures. A continued absence of Diphtheria from the community has led, to some extent, to a falling off in the numbers of children protected. I would like to take this opportunity of uttering a warning that under certain circumstances, Diphtheria may still strike the unprotected child. Indeed, an outbreak of several cases occurred in a neighbouring township during the year, and several children living within your own district were found to be active carriers of the Diphtheria germ. The percentage thought to be essential for adequate safeguarding of the community is estimated at 75. As far as can be ascertained, our own percentage is now slightly below that figure. During the year, 633 children completed a full course of primary immunisation. This only represents about 70 per cent. of the total births. Whilst comparing very well with some other parts of the County, this figure cannot be considered ideal. Every effort is made by persuasion and education to encourage parents to accept Diphtheria immunisation for their children.

The number of re-inforcing injections will be noted to be very much smaller than last year. This is due merely to the timing of the various sessions, and will be found to be very much higher in 1958.

There is now a wide acceptance of Whooping Cough immunisation and a total of 492 children who completed the course compares very favourably with last year's figure of 399. There is continued evidence of the degree of protection which is afforded, only 2 mild cases of Whooping Cough occurring in the now considerable number of immunised children as against a total of 42 notified cases in the unimmunised section. Whooping Cough in infancy is a serious and dangerous disease and no effort should be spared to protect the child from the hazards of contracting this malady.

It is very satisfactory to note that the figures for Smallpox vaccination remained higher than those recorded in most other areas. Last year I remarked that 325 primary vaccinations was a reasonably satisfactory total. This year

I am glad to point out that no fewer than 435 children completed primary vaccination. Modern methods ensure a result which is painless to the child and free from any risk of complications. No disfigurement is caused and subsequent re-vaccination in the case of emergency can be carried out with the minimum of upset. I should like to express the hope that the present ready acceptance will continue in subsequent years.

Vaccination against Tuberculosis with B.C.G. vaccine has been offered to the thirteen-year-old group of school children. Here again, there has been a very reasonable response and the results were satisfactory in all cases. No complications arose and there were no reports of any ill effect. It is greatly to be hoped that the protection thus afforded will be found to justify optimism which is being expressed. My own opinion is that there is no contra-indication to B.C.G. vaccination and that, on the contrary, considerable evidence is accumulating pointing out the advantages likely to derive from this procedure.

In addition to the thirteen-year-old age group, 7 children, mostly under one month of age, were vaccinated because of contact with a known case of tuberculosis. In six ascertained cases the results were successful.

Immunisation against poliomyelitis is now in full swing. There have been unfortunate delays owing to difficulties of production of vaccine considered by the Ministry to be of sufficiently high standard. Every effort is being made to produce adequate supplies and, at the time of writing, it is possible to say that difficulties appear to have been overcome by the use of vaccine imported from across the Atlantic. In this field one must be guided largely by experiences in America. There, many millions of injections have now been given and the results are reported as being highly satisfactory. In those children who have been given poliomyelitis vaccine, no complication has occurred and there is no evidence at all to suggest that any detrimental effect is likely to be experienced. One awaits with keen interest the returns which, from year to year, will give a picture of the results of this type of prophylaxis.

In spite of all difficulties and delays, no fewer than 1,337 children received injections of poliomyelitis vaccine during 1957.

VACCINATION AGAINST SMALLPOX

Number of Persons Vaccinated or re-vaccinated
during the Year.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	399	2	10	14	10	435
Number Re-Vaccinated ...	—	—	—	5	29	34

DIPHTHERIA IMMUNISATION

A. Immunisation carried out during the year.

	Under 1	1 — 4	5 — 14	Total
1. No. of children who completed a full course of primary immunisation ...	449	88	96	633
2. Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	4	282	286

B. (a) Number of children at 31st December, 1957, who had completed a course of immunisation *at any time before that date.*

Age at 31.12.57 i.e. Born in Year	Under 1 1957	1—4 1956-1953	5—9 1952-1948	10—14 1947-1943	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1953—1957 ...	96	1,593	2,209	2,271	6,169
B. 1952 or earlier	—	—	1,297	1,293	2,590

(b) Diphtheria Notifications and Deaths in relation to Immunisation during the year.

No case of Diphtheria occurred during 1957.

WHOOPIING COUGH IMMUNISATION

Immunisation carried out during the year.

Age at Final injection	Number of children who completed a full course of immunisation
Under 6 months	37
6 months to one year	383
1—2 years	59
2—3 years	5
3—4 years	8
Total ...	492

Immunisation in relation to Child Population.

Number of children at 31st December, 1957, who had completed a course of immunisation *at any time before that date.*

Age at 31.12.57 i.e. born in year :—	Under 1 1957	1 to 4 1956—1953	5 to 9 1952—1948	10 to 14 1947—1943	Total
Number immunised ...	141	1,439	604	15	2,199

Whooping Cough Notifications and Deaths in relation to Immunisation during the year.

Age at date of notification	No. of cases notified	No. of cases incl. in preceding column in which child comple- ted a full course of immunisation.
Under 1 year	3	—
1	5	—
2	6	1
3	6	1
4	7	—
5—9	14	—
10—14	1	—
Totals	42	2

No death from Whooping Cough occurred in the Division during the year.

B.C.G. Vaccination of 13-year old School Children.

- | | | |
|--|---|-----------|
| 1. | No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination | 3 |
| 2. Acceptances. | | |
| (a) | No. of 13-year old children eligible during the year | 656 |
| (b) | No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously | 656 |
| (c) | No. of (b) found to have been vaccinated previously | — |
| (d) | No. of acceptances | 420 |
| (e) | Percentage of acceptances, i.e., (d) to (b) — (c) ... | 64·02 |
| 3. Pre-vaccination Tuberculin Test. | | |
| (a) | No. of children [2(d)] tested | 397 |
| (b) | Result of test— | |
| | (i) Positive | 100 |
| | (ii) Negative | 292 |
| | (iii) Not ascertained | 5 |
| | ————— | TOTAL 397 |
| (c) | Percentage positive, i.e., (b) (i) to (b) (ii) plus (ii) ... | 25·51 |
| 4. Vaccination. | | |
| | No. vaccinated | 273 |
| 5. Tuberculin test twelve months after vaccination. | | |
| (a) | No. vaccinated in 1956 | 214 |
| (b) | No. tuberculin tested after 12 months | 173 |
| (c) | Result of test— | |
| | (i) Positive | 146 |
| | (ii) Negative | 20 |
| | (iii) Not ascertained | 7 |
| | ————— | TOTAL 173 |

B.C.G. VACCINATION—CONTACT SCHEME

Details of B.C.G. Vaccination of Contacts during the year 1957.

[illegible]

DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	23
			(at the end of the year)	
(iv) From Reserve Pool	...			—
				—
Total	...	...	...	23
				—

Number of Domestic Helps employed at 31st December, 1957—

(i) Whole-time	...	...	...	—
(ii) Part-time	...	...	...	64
				—
(iii) Total	...	...	...	64
				—

Cases provided with Domestic Help during year ended 31st December, 1957—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	38	2,489
(ii) Tuberculosis	1	258
(iii) Chronic sick (a) aged 65 & over	245	43,726½
(b) under 65 years	28	3,995½
(iv) Others	10	681¾
Total	322	51,150¾

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1957 ÷ 2288 (52 weeks x 44 hours)	=	No. of home helps that could have been employed full time.	= 22·4 Home Helps.
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LOCAL HEALTH AUTHORITY CLINIC SERVICES IN THE ROTHWELL URBAN DISTRICT

These Services are unchanged since last year. No further progress has been made in finding suitable premises for a Child Welfare Clinic at Stourton. Under present circumstances, with a diminishing population in that part of the district, one doubts whether there will be justification for the provision of specially built premises. As no suitable accommodation is available, the outlook for the immediate future in the Stourton area appears to be bleak.

The numbers in attendance at the Child Welfare Clinics throughout the area continue to be satisfactory. The large re-housing programme at present being undertaken has resulted in a certain shift of the infant population. Thus the Clinic at Oulton is much busier than was formerly the case. On the other hand, the demolition of a good deal of property in areas from which mothers attended Lofthouse Clinic has resulted in a steady and continuous fall in attendance. These changes are inevitable and one must accept the consequences of social progress. So far as Lofthouse is concerned, the use of the chapel premises is becoming decreasingly satisfactory owing to the enormously augmented traffic problems.

The Ante-Natal Clinics have shown little change during the year. The one at Methley is very sparsely attended, but the Local Health Authority feel that the time is not yet ripe to regard it as redundant. The premises at present in use at Red House, Methley are not by any means ideal, but serve their purpose reasonably adequately.

Co-operation between general medical practitioners and the Ante-Natal Clinics has been on a friendly basis and, more particularly in the Rothwell area, an increasing number of practitioners are referring their patients to the clinic for routine blood tests. Close liaison between Local Health Authority clinics and Maternity Hospitals has continued and been strengthened during the year.

Weekly Relaxation classes are held at Rothwell and the attendance continues reasonably good.

The Ultra Violet light clinics continue to be held on Monday, Wednesday and Friday mornings, and are proving, as ever, very popular. There are constant reports of the beneficial results to children undergoing such treatment.

DOMICILIARY NURSING SERVICES

Health Visiting.—The staffing position has remained satisfactory. It is with regret that I record the death of Miss Cameron who has faithfully and well served your own District as Senior Health Visitor for many years. Her outstanding pioneer work in this valuable field of domiciliary nursing has contributed very largely to the wellbeing of the mothers and children of your area. Miss Cameron was a worker of outstanding ability and zeal and her loss will be sorely felt.

One or two other retirements are to be expected in the near future, but, at the moment, it seems as if replacements will be forthcoming. Health Visiting is a valuable and highly skilled branch of social welfare. Its scope is constantly increasing and it makes great demands on the character and personality of the worker. The recruitment of people of suitable calibre is a matter of the utmost importance to the community.

During the year the most cordial relationships have been established and maintained between the Health Visitors and the general Medical Practitioners in the district. This state of affairs has been greatly assisted by the establishment of a Standing Committee on co-operation consisting of a small representative group of general practitioners who meet an equal number of Local Health Authority medical staff from time to time to discuss matters arising out of the ethical relationships between Health Visitor and family Doctor.

Home Nursing.—The Home Nursing Service has continued at full strength throughout the year and has covered with extreme adequacy all needs. During the year the Service suffered an unfortunate loss in the death of Nurse Smithson. Here again was a conscientious hard-working Nurse who has given most valuable service to the community in the Lofthouse area. Her death at a comparatively early age will be deeply felt amongst the many friends she made.

Reports of the County Supervisor of Home Nurses have been consistently good and we have every reason to be proud and satisfied with the standard of work attained.

Midwifery Service. — Here we are still in very dire difficulty. Shortage of trained midwifery staff in Maternity Hospitals has resulted in increasing difficulty in obtaining institutional accommodation for normal obstetric cases needing to be admitted to Hospital because of social circumstances. The Hospital authorities have been most helpful and we are very well aware of the difficulties which they themselves are experiencing. It is unfortunate, however, that it has been found quite impossible to recruit any additional midwife anywhere within the Divisional area. This is by no means a local phenomenon as there is a Nation-wide shortage. You have been kind enough in Rothwell Urban District, to promise sympathetic consideration in respect of housing accommodation should we be successful in recruiting a new midwife or midwives for service in your District. This is greatly appreciated and I am only sorry that I have not had the opportunity of putting your kindness to the test. Efforts are being made continuously to recruit midwives and I hope that next year I might have better news to give. Meanwhile, the depleted staff are rendering yeoman service although several of them are carrying a case load which must be considered excessive and which may be expected, ultimately, to prove detrimental to the health and welfare of the nurses concerned.

I should like to place on record my appreciation of their willingness and my hope of early relief.

There has been continued cordial co-operation between all midwives and family doctors in the area.

Home Help Service. — In spite of the most careful economy the demand for Home Helps has continued slowly but inexorably to rise during 1957. A glance at the table will show the type of case needing help. Every effort is made to ensure that no abuse arises. Home Helps are, of course, untrained, but frequently give the most valuable service and often, through sheer kindness of heart put in considerably more hours than they are paid for. The ageing population must have adequate help if it is to avoid forced admission to institutional accommodation. Apart from the financial consideration involved, I must repeat my remarks of last year regarding the desirability of maintaining adequately, in reasonable dignity and comfort, elderly persons in their own homes and familiar

surroundings. I know that in many cases it is not possible to keep the home as spick and span as might ideally be expected. In advancing years it is far more important that comfort and kindness should provide the keynote. It is our endeavour to see that this is provided.

I am glad to say that during 1957 very few cases of failure by sons, daughters or relatives of elderly people have come to light. Our whole-time equivalent of Home Help allocation remained at 23, and by stringent pruning we have managed to keep just within that figure.

Here, once again, I would like to acknowledge the restraint which family doctors have shown in asking for Home Help assistance for their patients. Frequent personal discussions are always found helpful and we are often able to give assistance in a full and comprehensive knowledge of all the factors involved. With limited total hours available, this is a most important matter and ensures that help is given where it is most needed.

CONSULTANT CLINICS.—No change in previous arrangements has been necessary. Dr. Kirkwood, Ophthalmic Medical Officer, is in attendance two or three times monthly as need arises. No delay occurs in the provision of glasses prescribed.

The Paediatric Clinic is held on the second Friday of each month. Here Dr. Pickup sees patients referred to him from Local Health Authority Clinics and from local general medical practitioners. His services continue to be of the greatest value and are increasingly appreciated. Where necessary, cases are admitted to beds under his clinical control at Wakefield or Pontefract Hospitals.

No difficulty is now experienced in obtaining operative treatment in cases needing Ear, Nose and Throat surgery, and the Aural Surgeons at Wakefield and Leeds are co-operative and helpful.

No Speech Therapist is at present appointed to this District. The last one resigned in July, 1957 and it has not yet been found possible to obtain a replacement. This is a most unfortunate break in what was proving a very valuable service. Speech Therapists are in short supply and are difficult to obtain.

Dr. Leese, the County Psychiatrist, continues to give valuable help, and her services in respect of maladjusted children are most helpful. Her reports are full and informative and her services are much appreciated.

In recent years considerably greater emphasis is being placed on mental health social work. This Health Division has the half-time services of a Mental Health Social Worker who spends the remainder of her time in a neighbouring Division. Her duties include the statutory supervision of mental defectives in their own homes and she is also, from time to time, given the responsibility of ensuring the after care of patients discharged from Mental Hospitals. This type of work calls for very high personal qualities and we have been fortunate in having the services of workers of the highest calibre. New legislation, at present in course of preparation, will necessitate a much increased volume of work. Emphasis is being placed on the need for increased domiciliary care and it seems likely, at the time of writing, that many patients at present

accommodated in Mental Deficiency Hospitals will be discharged to their own homes under the care of the Local Health Authority. This will inevitably mean that more Mental Health Social Workers will have to be recruited and one hopes and feels that the Local Health Authority is acutely aware of this coming need.

AMBULANCE SERVICE.

No complaint regarding this service arose during the year. Its administration is efficient and courteous. Any case presenting administrative difficulty is freely discussed with the Divisional Ambulance Officer and his help is most readily forthcoming. The Ambulance Service is, of necessity, an expensive one and every care is taken to ensure that there is no abuse. My own personal experiences of the Service confirm my view that it is very well run and a very valuable contribution to the National Health Service.

LABORATORY FACILITIES.

Laboratory facilities are available at Wakefield and are under the direct supervision of Dr. Little. Here again one can acknowledge with gratitude the many kindnesses experienced. Dr. Little and his staff go out of their way to give help where needed, and one feels that in them one has personal friends.

MILK AND FOOD SAMPLES.

Milk and Food samples continue to be sent to the County Analyst at Halifax. During the year, however, the arrangements regarding water sampling were altered. From July, 1957, the bacteriological samples are examined at the Public Health Laboratory at Wakefield, and chemical samples are dealt with by the Leeds City Analyst.

HOSPITAL PROVISION

By great good fortune, the fall in the number of available Maternity Home beds has not been so catastrophic as was anticipated. Through the kindness of a neighbouring Health Division, 4 beds have been made available to patients living in my own Division. In addition, a Maternity Hospital some little distance away, has been kind enough, from time to time, to accommodate

patients in immediate urgent social need. Thus, the over-all percentage of cases admitted to Maternity Homes and Hospitals has remained at or about 50 per cent. of total births. It is with great relief that I record these remarks. Last year considerable apprehension was felt and it is gratifying to realise that this has not been justified by events.

The Maternity Hospitals are experiencing considerable difficulty in recruiting trained staff. This factor, more than any other, creates immense difficulties in their administration. There is abundant evidence that they do their utmost to accommodate cases in social need. As before, any case presenting obstetrical abnormality is admitted without question and no case of difficulty has arisen during 1957.

In the case of Infectious Disease, Seacroft Hospital is and remains a tower of strength. We are, indeed, fortunate in having its services available to our population. The standard of clinical and nursing care is of the very highest and the cordial co-operation which is constantly accorded is a very great joy. I should like to take this opportunity of acknowledging the prompt and full information always made available regarding admission, diagnosis, progress and discharge of patients. A few cases are still admitted to Snapethorpe Infectious Diseases Hospital which is a daughter Hospital of Seacroft. Here again, the highest standard of competence is observed.

General Hospitals.—A slow but steady improvement in the standards and amenities of local general hospitals has been continued in 1957. The increasing complexity of modern techniques and treatments tends to make the position difficult at times. It is of great advantage to the inhabitants of your District that they should be near the great teaching centre of Leeds, with its highly qualified Consultant staffs and up to date equipment.

Orthopaedic and convalescent poliomyelitis cases are admitted to Pinderfields Hospital which specialises in this type of work.

Chronic sick accommodation remains reasonably satisfactory. It is unfortunate that patients from this area have to travel to Pontefract or to Hemsworth and a considerable amount of inconvenience and hardship is

inevitably experienced by the relatives of chronic sick patients thus accommodated. The matter is entirely outside our control and under present circumstances little can be done about it.

There is now a Liaison service under which one Health Visitor from each Health Division in surrounding areas attends once a week at the Headlands Hospital, Pontefract, for consultations with the Geriatric Consultant and his staff. This ensures uniformity of assessment of need and of ascertainment of home conditions in the case of those patients for whom discharge is desired by the Hospital Authority. The system is at present working well and is proving increasingly valuable as the months go by. The aim of today is to keep patients ambulant wherever possible. Dr. Rosenthal, the Geriatric Consultant with whom we are most concerned, is an up to date physician with an alert and enquiring mind. He has done most valuable work in ensuring a rapid turnover of bed occupancy and a considerable improvement in the prospect of many patients who, under a former regime, would have been likely to spend the rest of their declining years as bedfast patients in a chronic sick ward.

The gap between chronic sick and welfare accommodation still exists, although active good will is displayed by both sections. The need for increased accommodation for the "in between" type of case is well recognised. The present financial stringency makes the implementation of an adequate scheme a matter of immediate impossibility. Long term plans are, however, in hand to remedy the present defects.

In all, the Hospital position in your area, within the limits already stated, can be regarded as satisfactory.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE ROTHWELL URBAN DISTRICT.

During 1957, Infectious Disease in the community was no longer a significant factor. This state of affairs is by no means confined to Rothwell Urban District — indeed, the pattern of incidence has changed remarkably throughout the whole country during the last decade. Some of the reasons are little understood. It is, however, possible to ascribe the complete absence of Diphtheria to the high acceptance of Diphtheria immunisation, and the low incidence of Whooping Cough largely to the protection now afforded. There is, however, no specific reason to which one can ascribe the low incidence and continued extreme mildness of Scarlet Fever. It is true that, during 1957, 19 cases were notified. These, however, were, without exception of a mild type. No complications were experienced and the patients were ill for only a very short space of time. This satisfactory state of affairs may be accepted with gratification, but not with complacency. Scarlet Fever must still be regarded as a potential source of serious danger, and its return in a more virulent form cannot be excluded.

No case of Diphtheria was recorded during the year, and the only other infectious disease giving rise to numerically significant rate was Measles. This exhibited its well known biennial incidence and 220 cases were notified.

It is a source of satisfaction to note that no case of Food Poisoning came to light during the year, and Sonn  Dysentery, which is known to be endemic in many communities, was only responsible for 6 notifications.

During the year, 51 cases of infectious disease were admitted to hospital, no fewer than 26 of these being for "observation." A considerable number of the other patients were admitted on social, rather than on clinical grounds.

Venereal Diseases.—Confidential reports are received quarterly from the Consultant in Venereal Diseases. These reports indicate that there is virtually no incidence in this area.

Infestations.—No case of Scabies came to notice during the year and there is no reason to believe that any has occurred. Infestations were infrequent and were confined to a few stubborn cases of head infestation in school children. School Nurses are unanimous in their opinion that the standard of cleanliness in school children has never been as high as it is to-day.

Cases of Notified Infectious Diseases in Age Groups (Excluding Tuberculosis).

Disease.	Under 1 year		1 - 3 years		3 - 5 years		5 - 10 years		10 - 15 years		15 - 25 years		25 - 45 years		45 - 65 years		over 65 years		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Smallpox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	..	..	1	1	2	3	3	8	..	..	1	..	..	..	..	7	12	..	..	..
Diphtheria ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever(including Paratyphoid)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia ..	1	1	1	1	3	..	2	1	..	1	..	..	1	1	5	15	3	2	15	9
Puerperal Pyrexia ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Acute Anterior Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute Anterior Encephalitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infection	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas ..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	1	4	1	1	4	2
Whooping Cough ..	1	2	5	1	2	3	..	4	1	..	..	..	..	..	..	9	..	..	9	10
Measles ..	5	1	37	41	54	50	72	55	2	2	..	1	..	..	..	170	..	..	170	150
Sonné Dysentery ..	..	..	1	..	..	..	..	1	1	..	..	1	..	1	..	2	1	..	2	4
Food Poisoning ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	7	4	45	44	61	56	77	69	4	3	1	3	3	3	6	2	3	4	207	188

**Cases of Notified Infectious Diseases (Excluding
Tuberculosis) admitted to Hospital.**

Disease	No. Notified	No. admitted to Hospital
Smallpox 	—	—
Scarlet Fever 	19	5
Diphtheria 	—	—
Enteric Fever (incl. Paratyphoid) ...	—	—
Pneumonia 	24	11
Puerperal Pyrexia 	1	—
Acute Anterior Poliomyelitis ...	—	—
Acute Anterior Encephalitis ...	—	—
Meningococcal Infection	—	—
Ophthalmia Neonatorum	—	—
Erysipelas 	6	—
Whooping Cough 	19	2
Measles 	320	6
Sonné Dysentery 	6	1
Food Poisoning	—	—
Observation 	26	26
Totals	421	51

TUBERCULOSIS.

There is little change in the picture compared with last year. The total number of cases on the Register was 110, as against 115 in 1956. A total of 8 new cases of Pulmonary Tuberculosis shows a diminution of 4, but there were two deaths from this condition as against only 1 in 1956. The remarks which I made in my last Annual Report still hold good to-day. Increasingly early diagnosis, together with the disappearance of the waiting list for Sanatorium admission, and the free use of the newer antibiotic drugs, have combined to give a heartening improvement in the over-all picture. In addition, B.C.G. vaccination in teenage school children should result in a high measure of immunity. All Sanatoria are now virtually without waiting lists. Increasingly they are turning to the surgical side of chest therapy. A spirit of optimism pervades the whole field and one can, with confidence, claim that a new triumph in preventive medicine is being achieved.

May I, once more, convey my thanks to your House Letting Committee for the sympathetic consideration which is always given to the needs of the tuberculous patient in seeking housing accommodation. One feels that restraint on the part of the medical Authorities is matched by sympathy on the part of the Local Authority.

Finally, I would like to convey my thanks and appreciation to the Medical and Nursing staffs of the Chest Clinics at Leeds and Wakefield for the invariable kindness and co-operation which they have, at all times, afforded to ourselves and to patients from the areas which we serve.

TUBERCULOSIS.

Record of Cases during the year 1957.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	57	58	14	3
No. of cases notified for first time during year	7	1	—	—
No. of cases restored to Register ...	—	—	—	—
No. of cases added to Register otherwise than by notification ...	—	4	—	—
No. removed to other districts ...	5	4	—	—
No. Recovered ...	3	2	1	—
No. died from the Disease ..	2	—	—	—
No. died from other causes ...	—	—	—	—
No. Removed from Register :— Revised diagnosis ...	1	—	—	—
No. of cases on Register at end of year ...	53	57	13	3

TUBERCULOSIS

New Cases and Mortality during 1957.

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10 „	...	—	—	—	—	—	—	—	—
10—15 „	...	—	—	—	—	—	—	—	—
15—20 „	...	1	—	—	—	—	—	—	—
20—25 „	...	2	—	—	—	—	—	—	—
25—35 „	...	1	1	—	—	—	—	—	—
35—45 „	...	—	—	—	—	1	—	—	—
45—55 „	...	2	—	—	—	—	—	—	—
55—65 „	...	—	—	—	—	—	—	—	—
Over 65 years	...	1	—	—	—	1	—	—	—
Age unknown	...	—	—	—	—	—	—	—	—
Totals	...	7	1	—	—	2	—	—	—

TUBERCULOSIS

New Cases and Deaths since 1938.

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1938	...	...	18	17	12	5
1939	...	...	24	11	10	4
1940	...	...	19	3	11	1
1941	...	...	22	12	10	2
1942	...	...	23	4	11	4
1943	...	...	24	7	9	—
1944	...	...	21	10	12	2
1945	...	...	21	5	11	1
1946	...	...	28	9	7	3
1947	...	...	16	5	8	—
1948	...	...	22	3	11	2
1949	...	...	25	2	11	2
1950	...	...	27	3	5	2
1951	...	...	18	3	8	1
1952	...	...	18	1	3	1
1953	...	...	15	—	4	—
1954	...	...	11	5	1	—
1955	...	...	9	1	2	—
1956	...	...	12	—	1	—
1957	...	...	7	1	2	—

HOUSING.

It is now possible to see the end of the Slum Clearance Drive. The astonishing total of 218 houses built by yourselves, plus 88 built by private enterprise, has done much to alleviate hardship and to replace demolished slum dwellings. There is every reason to be satisfied with the rate of progress maintained and to envisage, in the near future, an era when considerable thought will have to be given by yourselves to the need for continued municipal provision. The future of the considerable number of back to back houses in your area is a matter requiring serious consideration. Whilst far from achieving the standards thought essential to-day, these back to back type houses nevertheless would appear to have a considerable period of potential use ahead of them. Much depends on the over-all position of the Nation and the continuance of industrial prosperity. Should this be satisfactorily maintained, there is, in my opinion, every justification for regarding back-to-back houses as obsolete and replacing them by units of a standard thought to be minimal in these modern and more enlightened times.

May I congratulate you, as an Authority, on the vigour with which you have pursued your Housing programme and on the success which it has undoubtedly attained.

HOUSING STATISTICS, 1957.

Number of dwelling houses in the District	7998
Number of back-to-back houses included in above ...	451
1. Inspection of dwelling houses during the year.	
1(a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ...	1726
(b) Number of inspections made for the purpose	2626
2(a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	1016
(b) Number of inspections made for the purpose	1619
3 Number of dwelling houses needing further action:	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	98
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	Nil.
2. Remedy of Defects during the year without service of formal notices.	
(a) Number of defective dwelling houses rendered fit in consequence of informal action by the local Authority or their officers	161
(b) Number of defective dwelling houses (excluding those shown in (a) above) in which defects were remedied as a result of informal action	168
3. Action under Statutory Powers during the year.	
A. Proceedings under the Housing Acts, 1936 and 1957.	
(1) Number of dwelling houses in respect of which formal notices were served requiring repairs	17

- (2) Number of dwelling houses which were rendered fit after service of formal notices:—
- | | | | | |
|---|-----|-----|-----|------|
| (a) By owners | ... | ... | ... | 15 |
| (b) By Local Authority in default of owners | ... | ... | ... | Nil. |

B. Proceedings under Public Health Acts:—

- (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... 16
- (2) Number of dwelling houses in which defects were remedied after service of formal notices:—
- | | | | | |
|---|-----|-----|-----|------|
| (a) By owners | ... | ... | ... | 10 |
| (b) By Local Authority in default of owners | ... | ... | ... | Nil. |

C. Proceedings under the Housing Acts, 1936 and 1957 (Demolition Orders).

- (1) Number of representations, etc., made in respect of dwelling houses unfit for habitation ... 98
- (2) Number of dwelling houses in respect of which Demolition Orders were made ... 92
- (3) Number of dwelling houses demolished in pursuance of Demolition Orders... 34
- (4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953 ? ... 6 houses

D. Proceedings under Housing Acts, 1936 and 1957 (Closing Orders).

- (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... Nil.
- (2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit ... Nil.

E. Proceedings under Housing Acts, 1936 and 1957 and the Housing Repairs and Rents Act, 1954 (Clearance Areas).

(1)	Number of Clearance Areas represented during the year	... ..	Nil.
(2)	Number of houses included in these areas	... ..	Nil.
(3)	Number of persons to be displaced	...	Nil.
(4)	Action taken during the year in respect of Clearance Areas:—		
	(a) By Clearance Orders, number made	... ..	Nil.
	(b) By Compulsory Purchase Orders, number made	...	Nil.
(5)	Number of houses in Clearance Areas demolished during the year	... ..	58
(6)	Number of persons re-housed from houses demolished during the year	...	192

4. Overcrowding.

(a)	(1) Number of dwellings overcrowded at the end of the year	} No Survey made.
	(2) Number of families dwelling therein	...	
	(3) Number of persons dwelling therein	...	
(b)	Number of new cases of overcrowding reported during the year	... ..
(c)	(1) Number of cases of overcrowding relieved during the year	... ..
	(2) Number of persons concerned in such cases	... ..

5. New Houses.

Number of new houses provided during the year:—

By the Local Authority:—218.

Private Enterprise:—88.

6. Housing Repairs and Rents Act, 1954. Rent Act, 1957.

Details of Advances for the purpose of acquiring or constructing houses:—

58 Applications, 57 approved and 51 completed.

Details of Grants for conversion of buildings into houses, or for altering, enlarging, repairing, or improving houses:—50% of approved cost granted in each approved case.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.—The standard, quality and adequacy of the water supply to your area remain unchanged and are completely satisfactory. The sources of supply are as before and are comprised as follows:—

Leeds Corporation	...	...310,295,000	gallons
Morley Corporation	...	... 26,607,000	„
Wakefield Corporation	...	... 51,263,000	„
		<hr/>	
		388,165,000	„
		<hr/>	

Of this quantity, 180,779,000 gallons were used for trade purposes and the balance of 207,386,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 23.72 gallons and for trade purposes 19.22 gallons.

The number of bacteriological samples has been increased as it is felt that such samples show any bacterial fluctuation, whereas chemical analysis, which is, in any case, checked by the supplying authorities, is likely to be more constant.

Excessive alkalinity which was found in a length of new main late in the previous year, was traced to the concrete lining of the pipe which, coupled with the fact that the main was a dead end, produced the high alkaline content. A flushing valve was provided and the main was frequently flushed which removed the excess. This main, and indeed all other mains in the district are constantly checked for pH value.

Chemical Analysis:—

			Parts per million.
Total Solids, dried at 100° C.	...	...	—
Total Solids, dried at 180° C.	...	...	90
Residue on ignition	...	...	—
Nitrogen as free and saline ammonia	...	...	0.003
Nitrogen as albuminoid ammonia	...	...	0.054
Nitrogen as Nitrites	...	...	Nil
Nitrogen as Nitrates	...	...	0.04
Chlorine present as chloride	...	...	13.5
Oxygen absorbed in 4 hours at 20° C.	...	...	1.48

Chemical analysis—continued

Parts per million.

Temporary Hardness as Calcium carbonate...	13.0
Permanent Hardness as Calcium sulphate	44.9
Lead	—
Copper	—
Zinc	—
Iron	Nil

Report:— Chemically satisfactory

Bacteriological Examination.

Plate Count. Yeastrel agar 2 days 37° C.

aerobically — per ml.

Probable number of coliform bacilli, MacConkey

2 days, 37° C. 0 per 100 ml.

Probable number of Faecal coli 0 per 100 ml.

Sewage Disposal.—For a variety of reasons, mainly concerned with capital expenditure, the long awaited major scheme at Methley has not yet come to fruition. You are, as I know, acutely aware of the deficiencies and are making every effort to expedite the scheme which is so urgently needed. Knowing, as I do, that no effort has been spared by yourselves, I will not make any further comment in this Report.

Rivers and Streams. — With the exception of the effluent from Methley, the District is very satisfactorily served.

Closet Accommodation. Public Cleansing — These matters are dealt with in the report of the Public Health Inspector.

Shops and Offices. — Routine inspections have been carried out as usual. No statutory action was found necessary.

Camping Sites.—See Public Health Inspector's report.

Swimming Baths and Pools.—There is no swimming bath or pool in this area.

Bed Bug Infestation.—Very few cases have come to notice and in all cases satisfactory action was taken.

Factories and Workshops.—Parts 1 and 8 of the Act are still the responsibility of this Authority and the table which follows gives all the necessary details. Routine inspections have revealed no need for any action.

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Public Health Inspectors)

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	4	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	85	15	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	5	—	—	—
TOTAL	101	19	—	—

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found			Number of cases in which Prosecutions were instituted	
				Found	Remedied	Referred :		
						to H.M. Inspector		by H.M. Inspector
Want of cleanliness	..	..	—	—	—	—	—
Overcrowding	..	..	—	—	—	—	—
Unreasonable temperature	..	..	—	—	—	—	—
Inadequate ventilation	..	..	—	—	—	—	—
Ineffective drainage of floors		..	—	—	—	—	—	
Sanitary Conveniences :—								
Insufficient	..	..	I	I	—	I	—
Unsuitable or defective	..	..	I	I	—	I	—
Not separate for sexes	..	..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	..	..	—	—	—	—	—
Total	..	..	2	2	—	2	—

OUTWORK.

Nature of Work	No. of Out- workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices Served	Prose- cutions
WEARING APPAREL :—						
Making, etc. ..	12	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	12	—	—	—	—	—

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	...	...	...	...	...	31
Disinfections	...	...	...	...	...	0

Milk and Dairies.

Inspections of Dairies	0
------------------------	-----	-----	-----	-----	---

Food and Drugs Inspections.

Meat Inspections	...	...	...	...	249
Bakehouses	...	...	...	...	0
Food Inspections	...	...	...	...	19
Water Sampling	...	...	...	...	32

Housing.

Houses inspected and recorded	...	...	...	1,016
General Surveys	...	...	...	1,619
Public Health Act Inspections	...	...	...	710
Re-visits	...	...	...	297

Offensive Trades.

Inspections of Fat Refining premises	11
--------------------------------------	-----	-----	----

Sanitary Matters.

Inspections of Verminous Premises	...	...	520
Inspections of Rat Infestations	...	...	802
Inspection of new drains	...	...	159
Smoke observations	...	...	26
Inspection re. Refuse Removal and Disposal	...	...	197
Factories and Workshops...	...	...	19
Tents, Vans and Sheds	...	...	42
Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	33
Number of nuisances abated on serving Statutory Notice (Public Health Acts)	...	...	10

ANNUAL REPORT
of the
SENIOR PUBLIC HEALTH INSPECTOR
and
CLEANSING SUPERINTENDENT
For The Year
1 9 5 7 .

Health Department,
Civic Buildings,
Rothwell.

*To the Chairman and Members of the
Rothwell Urban District Council.*

Ladies and Gentlemen,

It is my honour to once again present to you the Annual Report on the work of the Health and Cleansing Department, this being the 26th time I have tried to show in the space of a few words the highlights of our work in the Department. It is difficult after a quarter of a century of reports not to be repetitive and not to fail to show the enthusiasm which we all feel for the work it is our privilege to perform. The work on the whole has contained many different facets which have lighted the duller routine of the day and I hope to show you in the succeeding pages what we have done, and how the public we serve have benefited by our actions.

As is customary, the report is sectionalised although as I have said before the work and the staff blend into one homogenous unit and no one person performs a particular task to the exclusion of the others unless it is myself, who, for better or for worse, administers the whole department.

HOUSING.

It is difficult to avoid being smug and complacent at this stage but I think we may look with real satisfaction on the work, which although not as yet completed has gone so far as to be within measurable distance of completion. I refer to the elimination of the Slums as depicted in the "Five years' plan." Before the last war I wrote about the slums we had and how we were going to deal with them, in fact we did make a start but the war years and the "lean" years which followed prevented any fulfilment of

that scheme and I began to think that I might have retired before things came to a head, and then suddenly we were asked for our proposals to deal with slum property based on a first scheme of 5 years and the remainder to follow on. As the members of the Council, particularly those who have read my previous reports will know and remember we included all our then known Slums in the five year plan leaving only as a sort of addendum the back-to-back houses; but even after this plan was formulated I was never too hopeful that it would work out as it has in fact done. It seemed to me that there might be another War or another economic hold-up, but I am glad to tell you that at the time of writing, out of the total of 354 houses which were originally listed in 1955 we have dealt with by way of representation a total of 346, indeed in most cases beyond re-housing tenants and subsequently demolishing the property our work in that direction is at an end and we are at liberty to look for fresh fields to conquer. There has been no great difficulty in dealing with these properties by way of individual representations or Clearance Order procedure and this in my opinion is due to the careful and detailed attention which the staff have given to the preparation of the often tiresome and monotonous details. We are still awaiting the dates of some of the next Inquiries and as yet there are no houses ready on the Hazel House site at Methley to accommodate the tenants from the first areas in Methley but it is not very much more than the time of 18 months which was first mentioned and in the preparation of such building schemes delays are I suppose inevitable. Once the first houses are ready we find that the rest come off the production line with great rapidity. The use of informal procedure which I referred to somewhat dolefully last year has so far worked very well and does eliminate much detailed preparation which formal Section II procedure requires. During the year the Council built 218 houses and in the same period 88 were built by private enterprise, this latter being a considerable increase on last year.

Applications for Certificates of Disrepair still come in in oddments which is not surprising when one considers the cumbersome legislation which has to be complied with in order to gain the benefits which the Certificate provides; indeed I have known tenants having gone so far, give up in despair, as to anyone not accustomed to dealing with

statutory form the whole matter is excessively complicated. One weakness which has become apparent during the operation of the new Act is that it is the tenants list of repairs which has to be accepted or refused by the Inspector and this, as I have told members of the Health Committee, cannot be increased although we may find clear instances of defects which have not been included due to understandable ignorance on the part of the tenant. There is no chance to alter the list once made because the original has already been in the owner's hands before application or complaint is made to us.

Applications have been received also from tenants whose concern was not to have the defects remedied but to have the rent kept down and such tenants were not pleased when the work was done and the rent legitimately increased.

Applications under the Housing, Rent and Repairs Act continue to be received, in all 41 being made and 40 granted. These applications particularly when they come from terrace type property have the effect of "snow-balling"; one owner occupier sees the advantage and the economy of such improvement and this engenders further requests for assistance. I wish it was possible when a terrace is involved to require all the owners to participate so that we could get a whole row converted but as is usual a proportion of the owners do not wish to take advantage of the scheme. What will happen when the unimproved houses fall into disrepair leaving the improved ones standing in a state of fitness I do not quite know but time will presumably show.

I have so far spoken only of the more spectacular parts of our housing work but it would be an injustice to those who perform yeoman service in dealing day to day complaints to ignore them. It is my contention, oft repeated but nevertheless sincere, that could this work be carried out as thoroughly and extensively as it ought to be Slums would only arise by the change of standard which advancing years provide. In fact, arising out of such inspections 329 notices were served and 161 completed during 1957.

CARAVANS.

The inspection and licencing of all Caravans which are known in this area continues, the majority being the

habitations of showmen and fair ground attendants who congregate on our licenced fairground at Rothwell for the winter months. Rothwell being in no way a holiday resort does not attract holiday caravaners and the rest are those people who are working in and around Rothwell and require habitations temporarily or permanently. Open cast mining is taking place in various parts of the district and 4 or 5 caravans whose occupiers work on such sites have congregated at the rear of a Public House in the vicinity of one site where under conditions of licence they live happily, hygienically and without nuisance to anyone. As a matter of policy licences are issued for periods not exceeding one year, sometimes less, which makes them subject to review from time to time and should the caravan, the occupants, or the site prove to be unsuitable the licence need not be renewed. In the event of an appeal the Council could not be held to have dealt unreasonably with the applicant and furthermore would be in a position to produce evidence to support their refusal.

PUBLIC CLEANSING SERVICE.

Throughout the year the multifarious duties of the Cleansing Department have been carried out with that regularity and efficiency which has become to be regarded as the minimum. It would be untrue to say that bins are not occasionally overlooked or that sometimes householders and dustmen exchange words more pungent than polite but I am satisfied that the Cleansing service in Rothwell is something of which Rothwell, that is householders and Councillors alike, can be proud. I am glad to note the enthusiasm which many of the men show for their task which must be at its best humdrum and monotonous and at its worst almost indescribable. Throughout the year with the exception of holiday periods the dustbins are emptied weekly and the ashpits, of which there are still a few situated in our more rural parts, emptied every 21 days. Throughout the year 306 new houses were built which means that each new house provides an additional dustbin to empty and in the same period 1 ashpit was abolished, 1 dustbin being substituted.

The machines which we have are the same as last year being three 7 cubic yard and one 10 cubic yard petrol driven Refuse Collectors and one 10 cubic yard Diesel Engined Refuse Collector. This latter machine has done

very good service although it is true to say that some troubles have been experienced with the Diesel Engine which I understand are not peculiar to our machine alone and it may be that before another machine is acquired the question of diesel versus petrol may have to be examined. In all 5,454 loads were removed.

Our tipping continues in the ravine to the south-west of Wood Lane Housing Site and the scheme to culvert the beck which runs at the bottom was proceeded with in 1958 after some unavoidable delays. In the meantime we tipped to the edge of the stream and although I thought at one time we should have to remove the tipping until the culvert was finished this was found to be unnecessary and now that the greater portion of the culvert is completed we will have tipping space for many years to come, if it is kept for our own refuse and the incidental material which we get from the local foundries. From my point of view as Cleansing Superintendent it is ideal to have a tip adjacent to hard roads and in the centre of the area but from the point of view of the householders living on the site it is not ideal to have refuse vehicles passing down the front street with monotonous regularity, apart from the fact that a refuse tip is a source of attraction and can be a source of danger to the children living nearby. The problem is whether to invite tipping from outside our area, fill up the tip speedily and turn it into a playing field or open space or to preserve it for our own use for a long period. The matter will no doubt have to be considered by the Health Committee in the next few months.

The Repair Shop which maintains all plant and equipment belonging to the Council but which for administrative purposes is in my charge performs this function most admirably through the skill and diligence of the two mechanics and it is very unusual to find vehicles immobilized for want of repair, which is as it should be. By the time that the next report is written the old Garages at Carlton Bridge which started life as a Brewery and ultimately became the Stables in the days of horse drawn refuse vehicles, which have been at their best undignified and unsuitable, and at their worst a source of nuisance and danger, will be eliminated. A scheme of garage accommodation has been designed and approved and at the moment is in the course of being built which will house all the Council's vehicles which are at present based on

the Council Yard or at Carlton Bridge Stables and will provide a clean and useful unit in the fulfilment of Council functions. As recently as July, 1958 Carlton Bridge Depot was flooded and the vehicles were unobtainable for a day and were immobilized for a further two days and although I was not at all pleased about it I felt that it would be the last time that this would happen, because about the end of August we hope to open the new garages.

SEWERS AND DRAINS.

Those of you who remember the sections of my report from year to year will notice that the item 'nuisances' has so far been omitted and in future I propose to include in where it should be under 'Sewers and Drains' because reported nuisances in these days consist of complaints of blocked drains. The Council as you are aware provide a drain cleansing service which is a rate charge and from time to time we receive complaints, where if it is possible without opening the ground we clear the stoppage. During the year 452 reports were made and these were in due course cleared. Building Plans submitted to the Engineer's Department for bye-law approval are passed to me for examination on drainage matters and these together with the subsequent examination and testing which is also performed by this Department provides a useful control over such matters. The liaison between the Building Inspector and myself continues, the needs of the Council being more properly served thereby.

SANITARY ACCOMMODATION.

The number of privies and ashpits which can be converted continues to fall and during the year only one was converted. Our records now show that of all the 8,216 conveniences in the district 97.5% are on the water carriage system.

FOOD AND DRUGS.

Supplementary and Dealers' Licences to sell specially designated milks are issued by your Authority and the table appended gives details of the licences issued during the current year.

Milk is almost entirely delivered in bottles mostly prepared by the larger milk combines and co-operation with them is always available.

Retail Purveyors			...	...	45.
			Dealers		Supplementary
Sterilized	...	...	40	...	7
Tuberculin Tested	...		7	...	5
Pasteurised	...	...	8	...	7

MEAT AND FOOD INSPECTION.

There were at the commencement of the year three licensed slaughter houses, but one, a small one, was for domestic reasons, closed during the year and has not yet re-opened, the other two continue to operate in a hygienic way and inspection is 100%. The quality of the meat slaughtered continues to be high and as might be expected the amount of meat condemned is small. *Cysticercus Bovis* still continues to elude us although here again the inspection is 100%.

Meat and Food Inspected.

Cattle	...	...	...	...	638
Cows	...	...	...	...	1
Calves	...	...	...	...	2
Sheep and Lambs	...	...	...	...	1,910
Pigs	...	...	...	...	300
Pigs (Fatstock Guarantee Scheme)					851

Inspections are made at shops and stores for the purpose of examination of meat and food of all kinds and arising out of these inspections the following condemnations were made:—

Food Condemned.

Home Killed Carcases	...	...	1,967 lbs.
Various Tinned Foods	...	...	52,850 lbs.
Bacon	...	...	75 lbs.
Cheese	...	...	14 lbs.
Haddock Fillets	...	...	70 lbs.
Eggs	...	...	22½ doz.

The large amount of tinned food is accounted for by the fact that we certify and remove the unsound food from a Ministry of Food Depot.

WATER SUPPLY.

The water supply for consumption in this area comes from three large neighbouring authorities and as is our custom is sampled from time to time. In all 12 chemical and 19 bacteriological samples were taken and three examinations for alkalinity only were made. During the year it was found advantageous to change our Analyst and from July the bacteriological samples were examined at the Public Health Laboratory in Wakefield and the chemical samples by the City Analyst at Leeds. It was felt that a lesser number of chemical samples and a greater number of bacteriological samples would be of more value to the district and this change was in fact made.

The flushing of the concrete lined main which I referred to in my last report has continued and the excessive alkalinity thereby reduced. A further interesting problem arose on a circular main at Methley which at various places and at various unpredictable times discharged water heavily contaminated with rust. It was deduced after a time that as the main was pressure fed from both ends the rusty sludge accumulated somewhere in the middle but moved one way or the other according to the amount of water which was being consumed at any particular point. The main was eventually cut and flushed, and now, provided the flushing is maintained causes no particular concern.

DISINFESTATION AND DISINFECTION.

Inspection of all Council changes of tenancy are made and this as well as in others found to be infested are dealt with as required. We still continue to use the expert services of Leeds Corporation disinfestation service which we find to our advantage.

SHOPS ACT.

3 Inspections for health and hygiene and 53 for hours of closing were made during the year, again it was not necessary to institute any legal proceedings nor was any flagrant fault or omission detected.

CLEAN AIR.

The Clean Air Act, 1956 is now in operation, the first part from the last day of 1956 and the second part from

July, 1958, and events have progressed beyond my most sanguine expectations. The Council adopted immediately (you were probably one of the first to do so) the model bye-law for insertion in the Building Bye-laws requiring all fireplaces in new dwellings to be of a type to burn the specified smokeless fuels. This does not mean that smokeless fuels have at the moment to be burned on the grates so fitted and it is probably true to say that many of them still burn soft bituminous coal, but with greater efficiency, but when smokeless zones are adopted all the new houses will then be fitted with a right type of appliance. A similar requirement is imposed on all conversions under the Housing Improvements Scheme so you will appreciate that as a start the district is becoming equipped with the proper type of grate.

It is a further requirement of the new Act that all proposals to alter or instal industrial boiler plant must be brought to the notice of the Local Authority; this being done in one of two ways, the first by notice alone which carries no obligation, and secondly, which is the more common way, by the submission of plans and details, the point being that if these are approved by the Local Authority no proceedings can be instituted later for inefficient plant. It seemed to me that here the West Riding Clean Air Advisory Committee could perform a useful function and on the recommendation of the members of the Committee, a panel of Smoke Inspectors and others suitably qualified belonging to the Clean Air Council was formed, with the sole idea of advising individual Authorities or officials as to the best course to take in dealing with plans submitted. On this panel I am privileged to serve. During the year the two Clean Air Societies have combined with other Utility societies concerned with clean air to hold within the Riding a Clean Air Campaign which will move from one large centre to others and it is hoped at these centres to draw in, by way of interest, instruction and enlightenment, the members of smaller Authorities on the perimeter. It is enough to say at the moment that the plans are well in hand and a full comment will be given in the next Annual Report.

One of the chief difficulties in this part of the country and, indeed, in all mining districts, is the question of concessionary coal which as the members know provides as part of the miners' wages a free supply of coal, generally

unwashed and often containing a fair proportion of slate, with which to provide and maintain the domestic heating. The problem to be surmounted is that if a smokeless zone is declared miners in that zone will be prohibited from using the raw coal which they obtain free and in lieu thereof, will be required to burn one or other of the smokeless fuels, which they will have to purchase.

Negotiations have been proceeding between the National Coal Board and the National Union of Mineworkers for a considerable time without any marked success other than that the National Coal Board have said that they are prepared, in a smokeless zone, to buy back concessionary coal at pit head prices, a proposal which so far as I can gather does not in any way satisfy the National Union of Mineworkers. Local Authorities therefore in such districts, and Rothwell is included in these remarks, are naturally loath to take such action in the interest of Clean Air which will cause a financial burden to many of their constituents, but it seems unlikely to be settled until some forthright Authority declares a smokeless zone in which there are many Miners and then the position will have to be settled at Ministry level. In Rothwell we have not taken any legal action nor in fact taken any timed observations under the new Act but there is an appreciation of Clean Air which is becoming more general as the days pass and I am often approached by industrialists as to the best method to improve their furnaces and to maintain a smokeless chimney top. If this wave of enthusiasm can be prevented from lapsing into a trough of apathy it may be that the Act will be justified.

PUBLIC CONVENIENCES AND PUBLIC MORTUARY.

No change in size or type has been made to the above conveniences during the year and they have continued to perform their functions admirably.

PREVENTION OF DAMAGE BY PESTS ACT.

802 inspections were made during the year and 112 infestations were dealt with in the customary way. I do not think that the rat population of this district varies very much from year to year and what we do, merely takes off the excess of the population which would otherwise fall to predatory animals and birds.

STATISTICAL RECORD.

Again I append for your convenience and information the different sections of our work during 1957. Figures can be made to say and do most things but I ask you to accept that these are a true and impartial record of the inspections made and the work performed during the year.

Clean Air Act	...	...	...	26
Canal Boats	...	...	...	1
Factories and Workshops			...	19
Food Examination	...	...	...	268
Food Premises	...	...	...	47
Food Hawkers	...	...	...	2
Hairdressers and Barbers			...	12
Housing Acts	...	...	...	1,016
Housing Acts (Reinspection)			...	603
Infectious Diseases		...	...	31
Offensive Trades	...	...	...	11
Petroleum Storage		...	...	90
Pets Act	...	...	...	2
Plant Maintenance		...	...	166
Prevention of Damage by Pests Act				802
Public Cleansing Service	...		...	197
Public Conveniences		...	...	110
Public Health Acts		...	...	710
Public Health Acts (Reinspection)				297
Sanitary Accommodation				
(Conversions or improvement)				35
Septic Tanks and Cesspools			...	14
Sewers and Drains Inspected			...	603
Sewers and Drains Tested			...	159
Shops Act	...	...	...	3
Shops Act (Hours of Closing)			...	53
Tents, Vans and Sheds	...		...	42
Vermin	...	...	...	520
Water Sampling	...	...	...	32

SUMMARY OF WORKS CARRIED OUT.

Ceilings repaired or replastered ...	12
Walls repaired or replastered ...	11
Windows repaired or renewed ...	11
Doors repaired or renewed ...	8
Fireplaces repaired or renewed ...	14
Floors repaired or renewed ...	6
Sinks renewed	9
Sink waste pipes repaired or renewed	12
Food stores repaired or altered ...	1
Roofs repaired	51
Chimney Stacks repaired... ..	13
Eaves gutters repaired or renewed	32
Rainwater pipes repaired or renewed	29
Walls repaired or repointed ...	10
Paving repaired or relaid ...	1
Drains cleared from obstruction	452
Drains repaired or renewed ...	17
Inspection chamber covers renewed	6
Water Closets repaired	31
Sanitary Pails renewed	1
Sanitary Conversions	1

STAFF.

The staff which we had at the end of 1956 continued during the year under review and the unbroken period of service has a good effect on the running of the Department. Mr. Kilburn's usefulness and efficiency increases with his study and practice and I hope to be able to tell you by the time the next report is written that he has joined the qualified staff.

The recommendation that I made that a Junior Trainee Inspector should be obtained was accepted and on the 2nd September, 1957 we added to our staff Malcolm

Hall who will spend the next five years with us training and preparing to obtain his final certificate. Although a student he performs very useful work which would otherwise have to be undertaken by other members of the staff.

In concluding this my 26th Annual Report it gives me the utmost pleasure to place on record my appreciation of the diligence and energy of the staff who support me day by day.

To each individual Member of the Council may I say 'thank you' for your individual interest and appreciation of the work of the Health Department and to the Medical Officer of Health and the Clerk of the Council my appreciation of their support and understanding.

I am, Mr. Chairman and Members,

Your obedient Servant,

THOS. WILSON,

Chief Public Health Inspector.

